STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EGISTRAR CERTIFICATE OF DEATH REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Elizabeth Boyer Hannah 9-18-87 2:06 4 RACE 5. DATE OF BIRTH 6 AGE MINYEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS. BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Kent 12a USUAL OCCUPATION I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Chestertown Kent & Oueen Annes CO. Hospitol ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and ic). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? refuse NÓ YES T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 220.1 certify that (I) (this hespital) attended the deceased from saw the deceased alive an. and that in (my) (aux) apinian death occurred an the date and haur and from the causes stated abave, (1) (did) (did not) view the bady after death. 22b. SIGNATURE A MEDICAL ATTENDING \ STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME 2a DATE OF DEATH 2h HOUR (TYPE OR PRINT) 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MAKE 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! ECHANIC GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 10H YES X 14 FATHER'S NAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased from. ____. that (It (we) lost saw the deceased alive on bove, (1) (ye) (did) (did not) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATE 22c. DATE SIGNED ATTENDING A MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ADDRESS CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 736. DATE 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE

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OCT 0 2 1987

CERTIFICATE OF DEATH	. REG. NO.						
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	•		
	1.						

		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	LOUIS	SE :	М.	EDWARI	DS	Sept. 29, 1987		A
	3. SE	X		4. RACE		5. DATE C		6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YE	
dr	1000	emale	11 1	white		July	19, 1920 YEAR	67 yrs	MONTHS DAY	S HOURS MIN.
-	7a. BI	RTHPLACE (STATE OR		US		MARRIE		9 BALTIMORE CITY OR COUN Kent	ITY OF DEATH	MD
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	Mar	AL RESIDENCE (IF NUR STATE Yland	13b COUN Kent	ITY	GIVE RESIDENCE BEF 136. CITY OR TO Cheste	NWC	13d. INSIDE CITY LIMITS? YES NYON	13e STREET, ADDRESS / ZIP CO RFD Saint Pau		2/621
)		Raymon	d Fore		LAST	7		a Downey		LAST
	160 V	VAS DECEASED EVER (ES. NO OR UNKNOWN)		WED FORCES? E WAR OR DATES)	166. SOCIAL SE 220 03		Elizabeth Loh	RD ADDRESS CHesterton	wn. Md.	21620 OXIMATE INTERVAL EN ONSET AND DEATH
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				njamin			Chestertown,	Md. 21620		
	23a. B	URIAL, CREMATION,	REMOVAL	Oct 1,			EMETERY OR CREMATORY Chapel Cemete	23d LOCATION ery Rock Hall,	Md.	STATE

Chestertown, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 show

24 FUNERAL DIRECTOR

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(VRA 15, 4)

	FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH

REG NO LAST 20 DATE OF DEATH EIRST 26 HOUR 4:10^A 87 Catherine Elburn 9-Laura 4. RACE A AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 5, 1912 YEAR MONTH Female white 74 Dec. 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED USA Kent Delaware WIDOWED | DIVORCED XX 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LIVPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Nurse's Aide Hospital The Tenta Oue En Annie 's Hospital Inc Chestertown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Kent 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Sharp Rock Hall YESKIX NO F 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Henry Creeden MIDDLE FIRST LAST Ida Cornwell ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220 01 9843 Rock Hall, Md. 21661 Ann Lee Thomas 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF severalise Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on above (1) live) (did) (did not view the body after death , and that in (my) (our) opinion death accurred on the date and have and from the causes stated DE GREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ML PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Chesterlown Mig 21628 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY near Chestertown, Md. 9/8/87 Saint Paul's Cem Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 PUINERAL DIRECTOR J. Willis Wells DHMH - 16 60M 7/B4 Chestertown, Md.

(VRA 15, 4)

FOR STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE CERTIFICATE OF DEATH

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er d	70	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
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etained TO FUN should b	MPORT		1C. Gottfried	Baumann, M	.D. Medical Buil	ding - (hester	town, Md. 21620
5 g 5 g 3	₹ 1	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	
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DHMH - 16 60A	AA 7 /04	24 F	UNERALDIRECTOR A A	1 1/1	. Willis Wells 250 DAT	E REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
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	STATE OF MARYLAND	
DEPARTM	ENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	

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OF DEATH	MON	TH	DAY	YEAR	7h HOUR	

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NO HYS	\$ 5 P	MEDIC	21d. INJURY OCCUP	RRED	21e PLACE OF INJUR	RY	211 LOCATION	CITY OR IC	214021	COUNTY	STATE
IVIS Offe offe	s the s the n and rked	2	WHILE NOT W	WHILE D	(AT HOME STREET, FACTO	RY, OFFICE, FARM, ETC }	SIRCEI	CHIONIC	7414	CODIATA	SIAIE
Q 4 0	R: Afte use os feolth is mork		22a.1 certify that (I) (this haspita	l) attended the decease	ed from	131 1981	1 10 9/	7, 19.	82	that (I) (we) last
TTEP	210		sow the decea	sed alive on_	view the body after dea	19 <u>87</u> , of	nd that in (my) (aur) apinian	death accurred an the d	ate and have a	nd from the	couses stated
OR A	DIREC boched Dept. f ftem		22h SIGNATURE		The wind body office dec		DEGREE			22c DATE	SIGNEDY
the st			7	2		/	ATTENDING PHYSICIAN	MEDICAL STA		9/	7/87
SPIT 3 by	NER Pe Sto		224 PHYSICIANS D	AME STYPE OR P	meat)		22e ADDRESS			1	/
HO	should be deto with the State IMPORTANT: IF	1	/								
of of other	H#3 8	23a	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP_			Burial	100	9/10/87		sville Cemete	ry Sudlers		O.A.	MDD
DHAAH	- 16 60M 7/84	24 F	UNERAL DIRECTOR					TE REC'D. BY REGISTRAR			
	RA 15, 4)		Gary Fell	ows Box	x 270 Milli	ngton, MD	21651 SE	P 1 4 1987	dia Dan	der Ra	-dash

J. Willis Wells

Chestertown, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

Dander

24. FUNERAL DIRECTOR.

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND

AUMANN

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DOK 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OF TOWN STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221. DATE-SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

REG. NO

9 BALTIMORE CITY OR COUNTY OF DEATH

DAY YEAR

2b HOUR

20. DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

DHMH - 16 60M 7/84 (VRA 15, 4)

THE WAY TO A CONTRACT OF 7-15-17 Delia LON DE 47 MINER DE 201 Color of the Color The state of the s AND THE STATE OF T 100 TO TOO AND TO TOO AND TO TOO AND THE RESERVE OF THE PARTY OF THE P

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201 urs after	by the	be notified	10 CITY
AND 21	filled in	er Aste	USUAL 130 STA Mary
MARY	omplete omd 2 s	48	
ALTIMORE, MARYLAND 21201	Page 1	/ medica	160. WA (YES,
ALI ALI	sician per p	£	18

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	60	0	O	1	
REG. NO.					

			1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENB / 2	6 6	/ 3
15	0 5	EP	10 [EASED NAME FIRST	A	WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
pe ,	e off		,	Jaco	Ъ	Walter		Miller	September 3	1987	7:11 A.
OE S	0.0		3. SE)		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	s s		1	Male	whi	te S	eptem	ber 4 1912	74 YRS	MONTHS DAYS	HOURS MIN.
	101	,,1000	70. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COUN		
eath	27 8	3		OUNTRY) Penna	Usa			DIXX DIVORCED	Kent Cou	nty	MD.
TO :	ed it	-	10_CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
rs off	10			Chestertown	Kent	and Quee	n Ånn	e's Hospital	Operator Heavy		ent
24 hou	odid be	5	130 S	RESIDENCE (IF NURSING HOME O TATE 13b. COUI Cyland Rer	OTHER INSTITUTION NTY L C	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Chestert	admission) N OWN	13d. INSIDE CITY LIMITS?	RFD Tolcheste	DE r Ests	21620
P.E	sh sh	1/2/		THER'S NAME			100	15. MOTHER'S MAIDEN NAM	ME		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate have recovered within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are competed filled in by the funeral director, page 3 mushould be detached for use as the burial-transit permit. Then please remove carbonappen. Figure 10 minutes should be filed within 72 fours after death.	1/2	0		Conda Mill	MIDDLE	LAST		FIRST Leta	(AS	T	
	8	1		AS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECUI 229 16 3		Wn. Neal Mil	21678		
1	4 .			10	ox # 195						
ate	t, th			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	line far (a), (b), and	d (c).)			APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
rtific	emo			PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	APROIDPU	MON	my Anne	357		
h ce	or re					DAS A CONSEQUE	NICE OF				
dept	tion,			Conditions, if any, which		POUTE	myo c	moin in	CARCTION	6	14123
the the	rem emp		-8	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				
that	ol, ci	- 14		underlying cause last.	(c)						
equires	Then plants to buri		NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	GIVEN IN PART 110	
on.	permit.	2	TIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	'ES, WERE FINDIN TIFYING CAUSES YES [7]	
VSICIO	tygic 8 she	and the	CERTIFI	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I		
CIAP Phy	atol F	-1	-	OR CONTRIBUTING CAUSE OF DE	ain .	M. MONTH DA	Y YEAR				
NDING PHYSICIAN: The law requires that to a cutending physician. It is after this certificate has been signed by the	Men Ar Ite		MEDICAL	21d INJURY OCCURRED	P. P. PLACE		19	211 LOCATION			
O Pr	the and		ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
N a	e os olth marl			220.1 certify that (1) this hasp	ital) attended th	e deceased from	7	10 87	10 9/3	10 67	that (I) (we) last
TEN C	of He			saw the deceased alive or	3 9/3	19	37 ar	d that in (my) (aur) apinion o	death accurred an the date and h	aur and fram the	causes stated
A AT hosp	pt. o			abave, (1) (we) (did) (did no 27b. SIGNATURE	ith view the body	after death		DEGREE		Zh. DATE	SIGNED
the of	e De			Vargeria 2	Collie			ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9/2	187
PITA by	Stor	7		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	DIRECTOR PHYSICIAN	1	101
HOS	should be de with the State			VIEGONIA 11	. COLLIE	ni		PO BOX	599 9	4ESTERT	gen mis
To reto	5 t 3 \$.		23a. B	LIRIAL CREMATION REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP_				Burial	9/5/87	Sa	int P	auls's Cem.	Chestertown, M	d. RFD	STATE
DHMH -	16 60M 7/1	84	24. FL	NERAL DIRECTOR	1.0 1				REC'D. BY REGISTRAR 256 REGI		
	A 15, 4)		7	TUllia	Wel	Ches	terto	wn, Md. SE	P 9 1987 Juli	a Dividen	Pendella

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		REGISTRAR				MED		EXAMI	NER'S C		CATE O	F DEA	TH	REG.	NO.	mo	2	
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I LINE FIESE				orge			vard		Min		-15		DEATH	MATED			0 19 87	
CO O CHA TOOT I	3. SE		4. RACE		S. DATE OF	DAY	YEAR	6. AGE (IN Y	DAY) MONTH		IF UNDER 2		RONOUP	NCED	MONT		YEAR	2d. HODA
6 8 2 8 3 5 OCT 1	BVB		Whit	e	10 76. CITIZEN	26	36		rrs.				DEAD	10111			0 19 87	2:26
NECESSA FUNERAL 5 FOR Y W. PRESTO	/a. B	IRTHPLACE (S	Md		1 CITIZEN	I <	A	TRY?			VER MARRIE				Y OR COL	IO Y I NI	DEATH	
FUNE STORY	10 C	ITY OR TOWN			11 NAME C	A. O.	ITAL NILI	RSING HOM	WIDOW		DIVORCE		Ket		TYPE OF WOR	112h b	KIND OF BU	MD
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A ME THE		esterte		ING HOME OR	303		RESIDENCE	BEFORE ADMIS	A V	E		OWN.	ERT	DPER.	ATOC	135	SAICE	
21201 IF ANY DE 2, AND 3 3 RETAIN SHOULD L RECORD	13a. S	ryland	13	Kent			Ches	or town	wm	YES X		13e STREI			3 1 .			1620
1. IF J. 212 2, Al 3. R		ATHER'S NAMI		110110			OTTOR	06100	1121		ER'S MAIDEN	N NAME			ENIA	1000	AVE	•
DEATH.	1	FIRST	No.	B	MIDDLE		1 A	LAST			IRST			ERM.	Α .	To	EM L	
ORE,	160.	WAS DECEASE	D EVER IN	U.S. ARM	ED FORCES			IAL SECURI		17. INFOR/	MANT	TINE		ADDRE		1 1 1	216	20
", BALTIMORE, MD. 212 DURS AFTER DEATH. IF A B. GIVE PAGES 1, 2, AI S. WITH FOWN PM 3 RI IT PAGES 1 AND 2 SHG , DIVISION OF VITAL RE	1,	res. NO, OR UNKNO	OWN) (I	IF YES, GIVE W	VAR OR DATES)		214	34 €	3402	Vi	CKY	GAL	-		FA.	RLEE	= M	
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AL.	13	1.37						SEQUENCE										
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0 - 3 - 3			10.00	201	(c)													
DIVISION OF VITAL RECORDS, 3 S CERTIFICATE SHOULD BE EXECTING THE WORD "PENDING" RED TO THE CHIEF MEDICAL IF 3 SHOULD BE USED AS A BUJE OF PARTIMENT OF HEALTH AND IPRIORATIO BURIAL, CREMATION,	z	PART 2 OTHER S	IGNIFICANT (ONOITIONS C	ONTRIBUTING T	O OEATH BU	JT NOT RELA	TEO TO THE TER	MINAL DISEASE	OR CONOITIO	N GIVEN IN PART	T 1 (a).					1115	3184
TAL RECORD HOULD BE EXTREMENTED THE MEDICAL CHEAD AS A OF HEALTH ALL ALL CREMATIC	CERTIFICATION	190 DATE OF	OPERATI	ION	Tran (CONDITI	ON FOR	WHICH OPE	PATIONIA	A S DEDECOR	MED2					120	AUTOPSY	2
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OF VITAL OF VITAL ATE SHO THE CHIE ID BE US AENT OF BURIAL	ERT	210 EXTERNA	AL CAUSE	WAS		IME OF			21c. HC	W INJURY	OCCURRED) (ENTER NA	ATURE OF IN	JURY IN ITEM	18 PART 1 OF	R PART 2)	TES [NO X
CERTIFICATE SHITING THE WORD TO THE CERTIFICATE SHITING THE WORD TO THE CERTIFICATE SHOULD BE DEPARTMENT OF THE CERTIFICATION OF THE CE	ALC	UNDERLYING				00m.	MONTH	30 198		lf ind	duced							
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DIVIS THIS CER WARDED TAGE 3 S STATE DEP	2	AT WORK	NOT W	HILE X		me	DRY, FARM, E	rc.)	-	REET	d Ave.	. Ch	este:			nt.	Maryl	and
DI LER: THIS "ATE, WRI FORWARD DR: PAGE HE STATE D, 21201 F	100				of the remo	uns descr	ribed aba	ve held on	Autaps	, N	Inspection		Inquiry		and in my			
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		EXAMINER'S (TYPE OR PRI	N1)			arr,				ADDRESS_	Chest			עש				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SEP 22

Julia Davidson Randales

066515 SEP	FOR STATE REGISTRAR				HEALTH AND MENTAL N	GIENÉ Z	O O /	
	1. DECEASED NAME	FIRST	WIDDLE	- 10 6	LAST	20. DATE OF DEATH		EAR 2h HOUR
noy be poge 3	(TIPE OR PRINT)	Samue1	Clyde	e Mon	ris		9-14-87	12:57 AM
po bo	3. SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST		
s offi	Male		Cauc		uary 10,1914	73	YRS.	DAYS HOURS MIN.
Pod in Pod	70. BIRTHPLACE (ST	ATE OR FOREIGN	Th CITIZEN OF WHA	T COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	тн
nero nero	MD		USA		WED DIVORCED			MD
by the further described with	Chester		(IF NOT IN SUCH FACT	LITY, GIVE STREET ADDRESS	CO Hospitol	126 USUAL OCCUPA (1YPE OF WORK FOR MOS Farmer	TOF WORKING LIFE) INDUS	IND OF BUSINESS OR STRY arming
NND 212	USUAL RESIDENCE	13b COUN Ken	TY 13c. (ESIDENCE BEFORE ADMISSIO CITY OR TOWN hestertown	13d INSIDE CITY LIMITS	Rt 4 Box	5/ZIP CODE 522A 2162	0
BALTIMORE, MARYLAND 2120 one to executed within 24 hours yisions and completely critic in by peer. Popies 1 lend 2 according in the out.	14. FATHER'S NAME FIRST		widdle Mo:	LAST rris	15 MOTHER'S MAIDEN FIRST Addie	MIDDLE	Biddle	LAST
See .	160 WAS DECEASED		MED FORCES? 16b. 1	SOCIAL SECURITY NO	. 17 INFORMANT	ADD	RESS	
Imed # #	N/A	N/		17-36-1073	Winnie Mor	ris (same)		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 84. NG PHYSICIAN. The law requires that the deoth certification after this certificate has been signed by the attending physicians the burial transit permit. Then please remove contaminate the and Mental Hygiene prior to burial, cremation, or remove orked on Jem 18 shows any injury, or other troumotic event.	Conditions, i gove rise to cause [0], underlying	f ony, which or immediate stating the couse lost	DUE TO, OR AS A DUE TO, OR AS A COLOR OF TO, OR AS A COLOR OF TO, OR AS A COLOR OF TO	a consequence of perteums	OCArchal -	enfarctes escular de	seare y	peroximate interval ween obsert and prath ween obsert and prath peroximate interval peroximate interval peroximate interval art 110
TAL RECOR	190 DATE OF C	PERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
DING PHYSICIAN. The or attending physicial After this certificate of the build-front oith and Mental Hygin morked outern 18 sh	OR CONTRIBUTION (IF EITHER NOTE 21d INJURY OF	VAS UNDERLYING G CAUSE OF DEAT FY MEDIC AL EXAMINER) CCURRED NOT WHILE AT WORK	HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY YEA	R	URRED (ENTER NATURE OF IN		
OR ATTENDO e haspital or DIRECTOR: A iched for use Dept. of Heol	22a 1 certify t	hot (1) (this hospii leceased alive an (see) (did) (did not	oth attended the dec	> 10 87	ond that in (my) (out) opini DEGREE ATTENDING PHYSICIAN		22c	Z, that (I) (me) lost m the couses stated DATE SIGNED 9-16-87
TO HOSPITAL retained by the To Function with the State IMPORTANT: IMPORTANT: IN		Try P. Ro			27e ADDRESS Chesterto		1620	
5 € # 3 ₹	23a. BURIAL, CREMA	TION, REMOVAL	236. DATE	23c NAME O	CEMETERY OR CREMATOR	CITY OF TOWN	LOUNTY	STATE
BP	Burial	to North	9/17/87	Crump		Crump	ton Q.A.	MD
DHMH . 14 40M 7/84	24 FUNERAL DIRECT	OR			21651 25a [DATE REC'D. BY REGISTRA	R 256. REGISTRAR'S SIC	GNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Fellows Funeral Home P.O.Box 270 Millington, MD

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DHMH - 16 50M 4/83

(VRA 15, 4)

066845 SEP 25 87 FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		14		

- 1		REGISTRAR						REG. NO	Э.					
		CEASED NAME FIRST DOR		WALE		LAST	Sept.		MONTH 1987	DAY	YEAR	2b. HOU!	R A	
	3. SE	x emale	4 RACE white		OCT.		6. AGE (IN	YEARS LAST BIR	THDAY) YRS.	MON1H5	DAYS	IF UNDER HOURS	24 HRS MIN.	
		RTHPLACE (STATE OR FOREIGN COUNTRY Co. Maryla		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED XX	9. BALTIM Kei	ORE CITY O	R COUNT	Y OF DE	ATH		MD	
)	St	ill Pond	At Home	CH FACILITY, GIVE STREET	AODRESS)	OR OTHER INSTITUTION		Worksh		or B.	KIND OI USTRY Lind	(St		
1	13a. S	AL RESIDENCE (IF NURSING HO STATE 13b. (laryland	ome or other institution COUNTY Kent	Still Po	N	13d INSIDE CITY LIMITS? YES KK NO	13e STREET P.O.	Box	ZIP COD	€ 216	567			
)	14. FA	ATHER'S NAME Wilbert	W. Walber	LAST		Beatrice L	^{ME} ehman	WIDDLE			(AS			
			S. ARMED FORCES? ES. GIVE WAR OR DATES)	218 16 6		Mrs. Beatrice	Bill:	ADDRE ingsle		Lsmeı	ce,	Del.		
100		18 CAUSE OF DEATH (En PART I. DEATH WAS C.		er line for (a), (b), an		cinoma of	- a	lon		Bi	APPROXIVE TWEEN O	MATE INTER	DEATH	
	NOI	Canditians, if any, which gave rise to immedia cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	te he DUE TO, (c)	OR AS A CONSEOUE		netas tas		SE OR CON	DITION GI	VEN IN P	'ART lie	3		
7	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUT	NO [WERE FINDINGS USED ING CAUSES OF DEATH?				
-	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX.) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (1) (this saw the deceased all.)	OF DEATH AMINER) 21e. PLACI (AT HOME.S) haspital) attended ye an	25 19	ARM, ETC	21f. HOW INJURY OCCURR 21f LOCATION SIREET 19 10 119 119 119 119 119 119 119 119	ta	city or to	wn 20	. 19	UNIY	that (1) (v		
		obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE PL ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (1YPE OR PRINT) 22d. ADDRESS										SIGNED 1/1987		
	23a. B	C. Gottfri		23€ 1		Chestertown EMETERY OF CREMATORY Chapel Cemeter	23d LOC			COUNT	ſγ	5	TATE	
		WHER AL DIRECTOR	Well	ADDNESS	Willi		E REC'D. BY	registrar	25h REGIS	TRAR'S S		URE Randa		

Chestertown, Md.

